

ILLINOIS Environmental Protection Agency  
1998 Hazardous Waste Report  
Form GM - Generation and Management

SP5-1903-006

I-1  
10

Instructions for this form found on pages 1/-32.

EPA Region 5 Records Ctr.



356573

SECTION 1. WASTE DESCRIPTION

A. Waste Description: ACID LIQUIDS: SUPERFUND REMOVAL SITE  
B. EPA Hazardous Waste Code: D002 35 39 43 47  
C. SIC code: 9229 51  
D. Origin Code: 2 55 System type: M 58 E. Source Code: A62 60 A 63 A 68  
F. Point of Measurement: 1 69 G. Waste form code: B105 70  
H. Radioactive mixed: 2 74 I. TRI Constituent: 1 75  
J. CAS numbers: 1. N/A 78 2.  84 3.  92  
4.  100 5.  108

SECTION 2. QUANTITY GENERATED

A. UOM: L 118 Density:  119 (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 0.0 121

C. Current reporting year: 55.0 131

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? N 141 Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M 142 Status  145 Quantity managed on-site this year:  147

On-Site System 2: System Type M 157 Status  161 Quantity managed on-site this year:  162

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y 172 Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: ENVIRONMENTAL SERVICES OF AMERICA  
SOUTH BEND, INDIANA

B. U.S. EPA ID No. of facility waste was shipped to: IND980590747 173

C. System type shipped to: M132 185 D. Off-site availability code: 1 189

E. Total quantity shipped in this reporting year: 55.0 190

SITE 2 Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to:  200

C. System type shipped to: M 212 D. Off-site availability code:  216

E. Total quantity shipped in this reporting year:  217

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? N 227 Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W 228 W 231 W 234 W 237 W 240 W 243 C. Other Effects? (Y = Yes, N = No)  246

D. How many new waste minimization activities were implemented in this reporting year for this waste?  (Number) 247

E. Quantity recycled in reporting year due to new activities:  248

F. Activity/Production index:  258 G. Source Reduction quantity due to new activities:  261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) N 271

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) N 272

Quantity stored at year end and for 90 days or more, generated this reporting year:  273

Quantity stored at year end that was generated prior to this reporting year:  283

COMMENTS:  Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page  293 13

ILLINOIS Environmental Protection Agency  
1998 Hazardous Waste Report  
Form GM -- Generation and Management

Instructions for this form found on pages 1/-32.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: FLAMMABLE LIQUIDS: SUPERFUND REMOVAL SITE  
B. EPA Hazardous Waste Code: D 0 0 1 31 35 39 43 47  
C. SIC code: 9 2 2 9 51  
D. Origin Code: 2 55 System type: M 58 E. Source Code: A 6 2 60 A 63 A 68  
F. Point of Measurement: 1 69 G. Waste form code: B 2 1 9 70 (FLAMMABLE LIQUID)  
H. Radioactive mixed: 2 74 I. TRI Constituent: 1 75  
J. CAS numbers: 1. N/A 76 2. 84 3. 92  
4. 100 5. 108

SECTION 2. QUANTITY GENERATED

A. UOM: 1 116 Density: 1 117 (Same unit and density must be used for all quantities on this page).  
Quantity generated in: B. Previous reporting year: 0.0 121  
C. Current reporting year: 360.0 131  
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? N 141 Y = Yes (continue to system 1) N = No (skip to section 3)  
On-Site System 1: System Type M 142 Status 1 146 Quantity managed on-site this year: 147  
On-Site System 2: System Type M 157 Status 1 161 Quantity managed on-site this year: 162

SECTION 3. OFF- SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y 172 Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: ENVIRONMENTAL SERVICES OF AMERICA  
SOUTH BEND, INDIANA

B. U.S. EPA ID No. of facility waste was shipped to: IND 9 8 0 5 9 0 9 4 7 173  
C. System type shipped to: M 0 0 1 185 D. Off-site availability code: 1 189  
E. Total quantity shipped in this reporting year: 360.0 190

SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 200  
C. System type shipped to: M 212 D. Off-site availability code: 216  
E. Total quantity shipped in this reporting year: 217

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? N 227 Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W 228 W 231 W 234 W 237 W 240 W 243 C. Other Effects? (Y = Yes, N = No) 246

D. How many new waste minimization activities were implemented in this reporting year for this waste? 247 (Number)

E. Quantity recycled in reporting year due to new activities: 248

F. Activity/Production index: 258 G. Source Reduction quantity due to new activities: 261

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) N 271

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No) N 272

Quantity stored at year end and for 90 days or more, generated this reporting year: 273

Quantity stored at year end that was generated prior to this reporting year: 283

COMMENTS 293 Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 13

ILLINOIS Environmental Protection Agency  
1998 Hazardous Waste Report  
Form GM - Generation and Management

Instructions for this form found on pages 1/-32.

SECTION 1. WASTE DESCRIPTION

A. Waste Description: CAUSTIC LIQUIDS: SUPERFUND REMOVAL SITE  
B. EPA Hazardous Waste Code: D002  
C. SIC code: 9229  
D. Origin Code: 2 System type: M E. Source Code: A62 A A  
F. Point of Measurement: 1 G. Waste form code: B110  
H. Radioactive mixed: 2 I. TRI Constituent: 1  
J. CAS numbers: 1. N/A 2.  3.   
4.  5.

SECTION 2. QUANTITY GENERATED

A. UOM: 1 Density  (Same unit and density must be used for all quantities on this page).

Quantity generated in: B. Previous reporting year: 0.0  
C. Current reporting year: 275.0

D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? N Y = Yes (continue to system 1) N = No (skip to section 3)

On-Site System 1: System Type M Status  Quantity managed on-site this year:

On-Site System 2: System Type M Status  Quantity managed on-site this year:

SECTION 3. OFF-SITE SHIPMENT

A. Was any of this waste shipped off-site this reporting year? Y Y = Yes (Continue to Site 1) N = No (Skip to Section 4)

SITE 1. Name and address of facility: ENVIRONMENTAL SERVICES OF AMERICA  
SOUTH BEND, INDIANA

B. U.S. EPA ID No. of facility waste was shipped to: IND980590947

C. System type shipped to: M121 D. Off-site availability code: 1

E. Total quantity shipped in this reporting year: 275.0

SITE 2. Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to:

C. System type shipped to: M D. Off-site availability code:

E. Total quantity shipped in this reporting year:

SECTION 4. WASTE MINIMIZATION ACTIVITIES

A. Did you engage in any waste minimization activities for this reporting year? N Y = Yes (Cont to Box B) N = No (Cont to Section 5)

B. Activity: W W W W W W C. Other Effects? (Y = Yes, N = No)

D. How many new waste minimization activities were implemented in this reporting year for this waste?  (Number)

E. Quantity recycled in reporting year due to new activities:

F. Activity/Production index:  G. Source Reduction quantity due to new activities:

SECTION 5. REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) N

Quantity stored at year end and for 90 days or more, generated this reporting year:

Quantity stored at year end that was generated prior to this reporting year:

COMMENTS:  Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 13

ILLINOIS Environmental Protection Agency  
1998 Hazardous Waste Report  
Form IC -- Identification and Certification

Instructions for this form found on pages 11-16

This form must be completed for the location shown on the above label. If you need additional forms for other locations, call IEPA.

**SECTION 1. GENERATOR STATUS**

A. 31 1 RCRA Generator Status (enter one code)

- 1 = LQG  
2 = SQG Skip to Box C  
3 = CESGQ  
4 = Nongenerator (continue to Box B)

B. Reason for not generating (Check all that apply)

- 12 ☐ Never generated  
13 ☐ Out of business  
14 ☐ Only excluded or delisted waste generated  
15 ☐ Only non-hazardous waste generated  
36 ☐ Periodic generator, none in reporting year  
37 ☐ Waste minimization activity  
38 ☐ Other (specify in comments box)

C. 39 2 Status Time Period: 1 = Expected to be the same next year and following years 2 = Expected to change next year

**SECTION 2. ENTER THE SIC CODE(S) FOR THIS LOCATION**

40 9229 44 \_\_\_\_\_ 48 \_\_\_\_\_ 52 \_\_\_\_\_

**SECTION 3. ON-SITE WASTE MANAGEMENT STATUS (enter one code for each question)**

- A. 59 1 RCRA regulated (permitted or interim status) storage  
B. 60 1 RCRA permitted or interim status treatment, disposal, or recycling  
C. 58 1 Treatment, disposal, or recycling exempt from RCRA permit requirements

**SECTION 4. WASTE MINIMIZATION ACTIVITY DURING THE REPORTING YEAR. (Only LQGs are required either to complete Section IV or submit detailed waste minimization description (see page 3).)**

A. 59 N Does your facility have a waste minimization plan or organized approach to investigate source reduction and recycling opportunities? Enter Y for Yes (Continue to Question B) or N for No (Skip to Question C)

B. Enter Y (Yes) for all activities that describe your waste minimization program.

- a. 60 ☐ Set a waste minimization goal  
b. 61 ☐ Use team approach for planning  
c. 62 ☐ Provide employee training  
d. 63 ☐ Identify types and amounts of waste generated by various processes and their causes  
e. 64 ☐ Assess total costs of waste management  
f. 65 ☐ Prioritize waste minimization options based on costs, benefits and feasibility  
g. 66 ☐ Periodically update the program and re-evaluate options  
h. 67 ☐ Encourage employees to offer waste minimization suggestions  
i. 68 ☐ Incorporate waste minimization into procurement, marketing and product development activities  
j. 69 ☐ Other (describe in comments box)

C. What kind of incentives would you like to see developed to help promote more source reduction activity at your facility? Enter Y (Yes) for all that apply.

- a. 70 ☐ Tax incentives  
b. 71 ☐ Loan assistance for equipment  
c. 72 ☐ Compliance flexibility  
d. 73 ☐ On-site technical assistance  
e. 74 ☐ Regulatory compliance assistance  
f. 75 ☐ Employee training  
g. 76 ☐ R&D assistance  
h. 77 ☐ Expedited permit review  
i. 78 N/A Other (enter comments on separate page)

D. Would you like to receive information on waste minimization? Enter Y (Yes) for information requested.

- a. 79 ☐ On-site technical consultation with IEPA  
b. 80 ☐ On-site technical consultation with Illinois Waste Management and Research Center

**Comments:** 83 ☐ Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

**Section 5.** The Environmental Protection Agency is authorized to require this information under the Illinois Compiled Statutes ("ILCS"), 1994 as amended, Chapter 415 ILCS 5/4 and 21. Disclosure of this information is required. Failure to disclose this information may result in civil and criminal penalties pursuant to 415 ILCS 5/42 and 44. This form has been approved by the Forms Management Center.

**Certification:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Please print: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ B. Title \_\_\_\_\_

C. Signature \_\_\_\_\_ D. Date of Signature \_\_\_\_\_